

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-876)

SERIAL NO.

10 619 642

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2							52						
3							53						
4							54						
5							55						
6							56						
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35							85						
36	/		/				86						
37	/		/				87						
38							88						
39							89						
40							90						
41							91						
42	/		/				92						
43	/		/				93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		3				TOTAL IND.						
TOTAL DEP.	43		43				TOTAL DEP.						
TOTAL CLAIMS	46		46				TOTAL CLAIMS						